

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000326

1. Entity Name
BRIGHTWOOD MANOR, L.L.C.



Principal Place of Business

**838 KELLY PARK RD.
APOPKA, FL 32712**

Mailing Address

**COOK COMPANIES
1826 S. MAIN ST.
AKRON, OH 44301**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1867171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, JAMES L
7100 SUNSET WAY PH7
ST PETE BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000175488

01/10/05-B0053-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COOK, JAMES L
7100 SUNSET WAY PH7
ST PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COOK, DAVID L
1826 S. MAIN ST.
AKRON, OH 44301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
WOLFE, TERRY W
1826 S. MAIN ST.
AKRON, OH 44301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-6-05

Date

330773 3351

Daytime Phone #